03295

IREDELL COUNTY HEALTH DEPARTMENT

(SEPTIC TANK) IMPROVEMENTS PERMIT AND CERTIFICATE OF COMPLETION

(Ground Absorption Sewage Disposal System – G. S. Chapter 130-Article 13C)

OWNER OR ~~CONTRACTOR~~ Donald Douglas C.B. Bellinger DATE 8-1-85 PERMIT NO. _____

PHONE: Business _____ Home _____

LOCATION Hwy 90 W. TR on SR 1562 & Turn to Go to Midway Rd TR. (2nd House) Mobile Home Behind White Frame House S. R. No. 1554

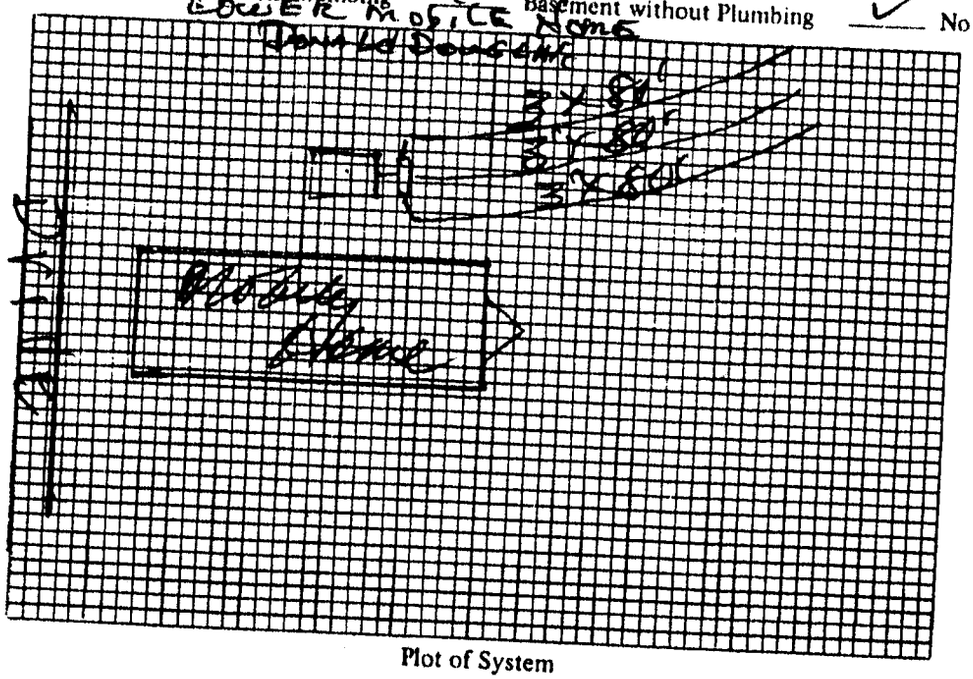
SUBDIVISION NAME _____ LOT NO. _____ SECTION OR BLOCK NO. _____

House ( ) Mobile Home (✓) Business ( ) Other _____

No. Bedrooms 2 No. Bathrooms 1

Garbage Disposal Unit	Yes ( )	No (✓)	Character & Porosity of Soil	Red Sandy Loam
Auto. Dishwasher	Yes ( )	No (✓)	Percolation Rate	60 Min/Inch
Auto. Wash. Machine	Yes (✓)	No ( )	Topography	20% Slope
Site Suitable	Yes (✓)	No ( )	Depth to Water Table	18"
Lot Area Acre			Rock or other impervious formations	Scattered Rock

_____ Basement with Plumbing Lower Mobile Home Donald Douglas Basement without Plumbing ✓ No Basement



Plot of System

Size of Tank 1000 Gals.

Nitrification Field:

No. of Lines 3

Sq. Ft. 720 Linear Ft. 240

Depth of Stone in Lines 12"

Water Supply: Individual (✓)

Public ( )

Installed by Eddie Beaty & Son

I understand and agree to install septic tank system as specified on this Improvements Permit.

Signed: _____

IMPROVEMENTS PERMIT BY _____

COMMENTS: _____

CERTIFICATE OF COMPLETION BY Steve Byrd

EXISTING SYSTEM CHECKED BY: _____ DATE 8/1/85

CONSTRUCTION MUST COMPLY WITH ALL OTHER APPLICABLE STATE AND LOCAL REGULATIONS. _____ DATE _____

Permit is VOID if any unauthorized changes are made in installation of system and/or if any false information is supplied in making Improvements Permit.

Health Dept. Copy: White Inspection Dept. Copy: Yellow Sanitarian's Copy: Pink Owner's Copy: Gold